MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

09437

Reg. Diat. No. 63

1. PLACE OF DEATH:
County Caroline
City or town Choptank, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: None
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) Full life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Choptank, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Rhoda G. Bleades

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Owen C. Bleades deceased
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1853

8. AGE:

Years	Months	Days	If less than one day
87	6	20	____ hrs. ____ min.

9. Birthplace Near Hickmon, Md. (Town, county, and state)
10. Usual occupation housework
11. Industry or business None
FATHER 12. Name William Fountain
FATHER 13. Birthplace Md.
MOTHER 14. Maiden name Maria ____
MOTHER 15. Birthplace Md.
16. Informant Alva F. Bleades
Address Choptank, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 15, 1940 (month) (day) (year)
Cemetery or crematory Choptank Cem.
Location " Md.
19. Funeral director C. W. Adams
Address Federalsburg, Md.
19. Sept. 13 19 40 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1940, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 12/20 1936, to 9/12 1940, and that I last saw h alive on June 17 1940.

Immediate cause of death	OURATION
Acute Coronary occlusion	9/12/40
Due to Chronic myocarditis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos. B. Plummer M. D. or other
Address Preston, Md. Date signed 9/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months 7 days -

Hospital, Institution, or street address where death occurred:

Jonestown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give realdence of mother)

State Maryland County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Jonestown

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Doris M. Butler

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 22, 1940

8. AGE:

Years	Months	Days	If less than one day
—	5	7	..... hrs. ..... min.

9. Birthplace Jonestown, Caroline County, Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business —

FATHER

12. Name James Butler

13. Birthplace Caroline County, Maryland

MOTHER

14. Maiden name Viola Jenkins

15. Birthplace Pennsylvania

16. Informant Mrs. Viola Jenkins Butler

Address Preston, Maryland, R.F.D.

17. Burial Date thereof October 1 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jonestown Cemetery

Location Preston Maryland, R.F.D.

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. 9/29 1940 Cornelia W. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1940, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/24 1940, to 9/29 1940 and that I last saw h.. alive on 9/27/40 1940

Immediate cause of death	DURATION
Acute Cardiac Extremities	9/29/40
Due to Sub Perfusion Hypostatic Pneumonia	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lindy B Turner M. D. or other

Address Preston Date signed 9/30/40

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OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09439

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Caroline — Registration Dist. No. 63

Village or City Preston — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 8 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harvey Eugene Butler — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, end year) September 18 1940

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		8	

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last workad at this occupation (month and year) ____

11. Total time (yaars) spent in this occupetion —

12. BIRTHPLACE (city or town) Preston (State or country) Maryland

FATHER

13. NAME Ronie Butler

14. BIRTHPLACE (city or town) Preston (State or country) Maryland

MOTHER

15. MAIDEN NAME Lulu Annie Thomas

16. BIRTHPLACE (city or town) Preston (State or country) Caroline

17. INFORMANT Lulu Annie Butler (Address) ____

18. BURIAL, CREMATION, OR REMOVAL Place Meeds Creek Data 9/22 1940

19. UNDERTAKER Ronnie Butler (Address) Preston, Md.

20. FILED 9/22 1940 Cornelius D. Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 21 (Day) 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended decaasad from September 18, 1940, to September 21, 1940

I last saw h-im alive on September 18, 1940; death is said to heva occurred on the dete stated above, at 6:30 P.m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:

	Data of onset
Congenital Malformation	Life
Congenital Syphilis	?

Othar Contributory Causes of importance:

Name of operation ____ Dete of ____

What tast confirmad diegnosis? ____ Was thera an autopsy? No

23. If daath wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ____ Dete of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ____

Nature of Injury ____

24. Was diseese or injury in any way related to occupation of deceased? ____

If so, spacify ____

(Signed) Thos. B. Plummer M. D.

(Address) Preston, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09440

CERTIFICATE OF DEATH

Reg. Diat. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg – Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred:
Houston Branch Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg – Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Houston Branch Road
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Charles Wesley Cherry

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 28, 1939

8. AGE: Years	Months	Days	If less than one day
1	1	29	hrs. min.

9. Birthplace: Elwood, Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Elmer Cherry
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden name: Louise Crumble
15. Birthplace: Dorchester County, Maryland

16. Informant: Elmer Cherry
Address: Federalsburg, Md., R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 29, 1940 (month) (day) (year)

Cemetery or crematory: Johns' Cemetery

Location: Near Preston, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. Sept. 27 1940 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 27, 1940 at 4:15 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 17, 1940, to Sept 27, 1940 and that I last saw him alive on Sept 27, 1940

Immediate cause of death	DURATION
Bronchopneumonia	1 wk
Due to	
Due to	
Other conditions: Whooping Cough	3 wks

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. E. Lemmon M.D.
M. D. or other

Address: Federalsburg Md Date signed: Sept 27-'40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

09441

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH

County: Caroline

City or town: Denton RD. #3 rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Turkeyhaven neck
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Francis Albert De Ford

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

9 (b) Name of husband or wife: Josephine Louise (Eaton) De Ford

9 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): December 22 1874

8. AGE: Years: 65 Months: 8 Days: 18 If less than one day: ____ hrs. ____ min.

9. Birthplace: Queen Anne Queen Anne Co Md
(Town, county and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: Wm Franklin De Ford

13. Birthplace: Queen Anne Co Md

MOTHER
14. Maiden name: Emily Bartlett

15. Birthplace: Queen Anne Co Md

16. Informant: Mrs Josephine De Ford

Address: Denton, RD #3 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13, 1940 (month) (day) (year)

Cemetery or crematory: Denton

Location: Denton, Md.

18. Funeral director: J. U. Moore & Son

Address: Denton, Md.

19. 9-11 1940 (Date rec'd by registrar) M. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 10 1940, at 1:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6 1937 to Sept 10 1940, and that I last saw h[illegible] alive on September 10 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 12 hrs

Due to: a Hemiplegia rt — years

Due to: Arteriosclerosis — years

Due to: Arterial Hypertension

Due to: Chronic Interstitial nephritis — years

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: J. Gafer M.D. (M. D. or other)

Address: Ridgely Md Date signed 9-10-40

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NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

09442

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely – Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Ridgely rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Boonsboro

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: James Guy Groce

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	col ✓	single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: – years

7. Birth date of deceased (mo., day, yr.): Sept. 2 1940

8. AGE: Years | Months | Days: 1 | If less than one day: hrs. min.

9. Birthplace: Ridgely Caroline Co. Md (Town, county, and state)

10. Usual occupation: none ✓

11. Industry or business

FATHER — 12. Name: Brewington C. Thomas

13. Birthplace: Ridgely Md

MOTHER — 14. Maiden name: Myrtle M. S. B. Groce

15. Birthplace: Ridgely Md

16. Informant: Myrtle Groce

Address: Ridgely Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Sept 4 1940 (month) (day) (year)

Cemetery or crematory: Thomas town

Location: near Ridgely

18. Funeral Director: J. Davis & Son

Address: Ridgely Md

19. Sept 4 1940 (Date rec'd by registrar) J. W. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3 1940, at 8:35 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1940 to Sept 3 1940, and that I last saw him alive on Sept 3 1940

Immediate cause of death	DURATION
Prematurity	2 hr mon
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H Hunter MD (M. D. or other)

Address: Ridgely Md Date signed 9-4-40

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OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

09443

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline

City or town Henderson Rural.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Henderson Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Hofacker

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	w	Married

6 (b) Name of husband or wife Anton Hofacker.

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1873

8. AGE: Years 67 | Months — | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace Austria (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER 12. Name Unknown.

13. Birthplace Austria

MOTHER 14. Maiden name Unknown

15. Birthplace Austria

16. Informant Anton Hofacker

Address Henderson R F D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Sept 10, 1940 (month) (day) (year)

Cemetery or crematory Greensboro.

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. 9/9/40 (Date rec'd by registrar) 19 A Clark Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20, 1939, to Sept 7 1940, and that I last saw her alive on Aug 28 1940.

Immediate cause of death Carcinoma Cardiac End of Stomach

DURATION (s)

Due to

Due to —

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Stonesifer M D M. D. or other

Address Greensboro. Md Date signed Sept 9 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

09444

Reg. Dist. No. 64

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Walkertown

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 77 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Walkertown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William S. Reed

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie M. Reed

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 18 1862

8. AGE:

Years	Months	Days	If less than one day
77	10	18	hrs. min.

9. Birthplace Caroline County Maryland (Town, county, and state)

10. Usual occupation Harness Worker

11. Industry or business Harness Repair Shop

FATHER 12. Name No data available

13. Birthplace " "

MOTHER 14. Maiden name No data available

15. Birthplace " "

16. Informant Mrs. Neva Reed Brennan

Address 969-64th St., Brooklyn, New York

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 10, 1940 (month) (day) (year)

Cemetery or crematory Pine Creek Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Sept. 9 1940 (Date rec'd by registrar) T.S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1940, at 10:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/1 1940, to 9/6 1940, and that I last saw him alive on 9/6 1940

Immediate cause of death	DURATION
Coronary Thrombosis	Sudden
Due to	
Due to	
Other conditions Chronic Myocarditis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Knotts M. D. or other

Address Federalsburg, Md. Date signed 9/9/40

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OCT 4 1940
BUREAU V. S.

09445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Burrsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Burrsville Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: near Denton
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Nathan Everett Smith

3. (b) Social Security Number: none

4. Sex: m

5. Color or race: w

6.(a) Single, married, widowed, or divorced: married

6.(b) Name ~~of husband~~ or wife: Emma Woothers

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Dec. 23rd 1869

8. AGE: Years: 70 Months: 8 Days: 25 If less than one day: ..... hrs. ..... min.

9. Birthplace: Harrington Del.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Thos A. Smith
13. Birthplace: Del.

MOTHER
14. Maiden name: Addie Obier
15. Birthplace: Del.

16. Informant: Mrs Emma Smith (wife)
Address: R.D. Denton Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: 9-25-40 (month) (day) (year)

Cemetery or crematory: Greensboro Cemetery

Location: Greensboro Md.

18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.

19. Sept 23 1940 (Date rec'd by registrar) Mrs D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 21 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1925 to Sept 21 1940 and that I last saw him alive on Sept 21 1940

Immediate cause of death	DURATION
Chronic Myocarditis	1925
Due to	
Due to Arterio Sclerosis	1925
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Hanson O George M.D. or other

Address: Denton Date signed: Sept 23 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09446

(93-d)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 63

Village or City Preston – R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George T. Townsend If U. S. Veteran, specify WAR —

(a) Residence: No. Preston Maryland R.F.D. Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Townsend – Age 67 yrs.

6. DATE OF BIRTH (month, day, and year) July 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Protestant Ministry

10. Date deceased last worked at this occupation (month and year) August 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Worcester County (State or country) Maryland

FATHER

13. NAME No data available

14. BIRTHPLACE (city or town) " " (State or country)

MOTHER

15. MAIDEN NAME Alba Ann Young

16. BIRTHPLACE (city or town) Worcester County (State or country) Maryland

17. INFORMANT Mrs. Anna Townsend (Address) Preston, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Preston, Md. Date Sept. 6, 1940 Mt. Pleasant Cemetery

19. UNDERTAKER J. J. Frampton & Son (Address) Federalsburg, Maryland

20. FILED Sept. 5, 1940 Cornelius D. Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 1, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1940, to Sept. 1, 1940

I last saw him alive on Sept. 1, 1940; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Hypocarditis	4 years

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Haywood D. Webb M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN